

# MINUTES

**Wisconsin Minority Health Leadership Council (WMHLC)**

**Friday June 22, 2012**

**9:30 a.m. – 3:00 p.m.**

**Grand Geneva Resort**

**7020 Grand Geneva Way, Lake Geneva, WI 53147**

**Room: 4311 Academy**

## **Members Present:**

**María Barker**, Multicultural Programs Manager, Planned Parenthood of Wisconsin, Inc.

**Brenda Coley**, Director of Adult Services, Diverse & Resilient, Inc. (Chair)

**Inshirah Farhoud**, Pediatric Nurse Practitioner, Children's Hospital of Wisconsin

**Carla Harris**, Oncology Community Outreach Coordinator, Columbia-St. Mary's

**Ted Kay**, Director, Family Health/La Clinica

**Emmanuel Ngui**, Asst. Professor of Health Disparities, UW-Milwaukee School of Public Health

**Sarah Noble**, Managing Director, Reproductive Justice Collective

**Nancy Rodríguez**, Neighborhood Liaison, City of Madison

**Ana Paula Soares Lynch**, Director, Proyecto Salud, CORE/El Centro

**Fuechou Thao**, Public Health Aide, Madison & Dane County Public Health

## **Members Calling:**

**Shiva Bidar-Sielaff**, Director of Community Partnerships, UW Health

## **Excused:**

**Lisa Tiger**, Collaborative Center for Health Equity

**Chris Okunseri**, Assistant Professor, Marquette Dental School

## **Staff:**

**Ruth DeWeese**, Minority Health Program Assistant

**María M. Flores**, Minority Health Program and Policy Analyst

**Pat Guhleman**, Director, Office of Policy & Practice Alignment, Division of Public Health

**Fabienne Ouapou-Lena**, Wisconsin Minority Health Officer

## **ACRONYMS**

*HW2020*

MHP

OMH

NPA

[\*\*Healthiest Wisconsin 2020\*\*](#)

[\*\*Wisconsin Minority Health Program\*\*](#)

[\*\*Federal Office of Minority Health\*\*](#)

[\*\*National Partnership for Action to End Health Disparities\*\*](#)

## OVERVIEW OF ELECTIONS

Ted Kay

Ted Kay led the discussion on elections and the new process.

- The Council should set a timetable and procedures for how elections should proceed for next year.
- He recommended that the new process should stand.
- *The names of expiring members should be treated as new nominees*—they should be nominated to be placed on the ballot and receive a second. This already took place in an Executive Committee meeting.
- *The Chair, Vice Chair and Executive Committee should be voted on at the next meeting.* Discussion ensued and there was dissent about voting at the next meeting. Ted understood and stated that there is nothing saying that there needs to be 5 Executive Committee members.
- Inshirah Farhoud is stepping down from the Executive Committee.

Pat Guhleman proceeded to count the submitted ballots as the meeting continued.

Brenda Coley delegated the Chair position to Ted for the elections process portion of the meeting. Ted reiterated the procedures to the Council. He wants to make sure that the process and the Executive Committee makeup will be fair.

The following Council members *submitted* ballots: María Barker, Shiva Bidar-Sielaff, Brenda Coley, Inshirah Farhoud, Carla Harris, Ted Kay, Emmanuel Ngui, Sarah Noble, Nancy Rodríguez, Ana Paula Soares Lynch, Fuechou Thao.

The following Council members *did not submit* documents: Christopher Okunseri, Lisa Tiger.

- María M. Flores indicated that, in addition to e-mail reminders, she placed phone calls to remind Lisa and Christopher to submit their ballots to Ted by the deadline of noon on Wednesday, June 20. By Friday morning (June 22), Ted still had not received ballots from them.

## OVERVIEW of THURSDAY ANNIVERSARY MEETING (June 21)

An overview was given of the Thursday evening meeting. Brenda Coley noted that the group stayed until 10:00pm – hours longer than anticipated.

- Dr. Sheri Johnson, former Division of Public Health Administrator, provided a historical overview of the creation of the Minority Health Leadership Council. She indicated that steps to create the Council were one of her first tasks upon appointment as Administrator. She highlighted the progress that the Council has made since its first creation. She also noted that Brenda Coley, Ted Kay, Nancy Rodríguez, Carla Harris and Emmanuel Ngui have been part of the Council since its beginning.
- A Council member asked Dr. Johnson if she felt 15 members was large enough, and she said it was, but it may be feasible to establish a “friends of the Council”; this suggestion was noted for further Council consideration. Dr. Johnson also suggested that the Council membership be examined in terms of potential gaps in representation, and in terms of Tribal political issue. She also suggested that membership representation should be reviewed on a regular basis.

- Discussion took place regarding a reconvention of community advocates via a Minority Health summit. A member indicated that community advocates need to be kept engaged and perhaps every two years have a gathering. It was suggested that the Chair send a letter on the Council letterhead to all who attended the 2010 Summit to say that we have not forgotten them.
- It was asked if it is possible to do a follow up with those who were not nominated into the Council to keep them engaged. One member stated that perhaps they should be invited to the next meeting to do a presentation.
- One member stated that it has been interesting to her to see what work the Council has accomplished. She never appreciated how young the Council is. Dr. Johnson said that the first meeting of the Council was in a damp basement area of 1 West Wilson with hard chairs, and now we are at the Grand Geneva. We need to continue to push in terms of power. It was noted that sometimes it feels that things are moving very slow. We have moved forward. There are a lot of challenges. It was recommended that there be a more formalized orientation for Council members; examples of items useful in the orientation would be the role of the Council and its goals some members always envisioned the Council as attending to disparities that are scientifically defined, but it is also more than that – we may never be able to eliminate health disparities, but we should be working toward eliminating them. There is a lot of good work happening on the ground.
- Another member stated that she was struck last night by what forces are pushing up against in order to achieve health equity.
- One member stated that the biggest achievement of the Council is that it came from a place where there was no voice for the community, to now being at the table.
- Another member stated that the state Department of Health used to be the one writing the state health plans, and now the community itself has input. We want to tie the health disparities objectives to resources. We need a follow up meeting to see where we are at with these objectives. Perhaps we need to hold DHS accountable to the state health plan.

## **ELECTIONS:**

*Ted Kay*

- Ted stated that there were 11 ballots submitted; but only 10 were useable. One ballot had all the names checked.
- After the ballots went out, Tina Jacobsen resigned; the Council now has one vacancy; there is a need to determine how to address this. Tina recommended that the Council nominate someone who is Native American, and who has a passion for health disparities. Ted mentioned that according to her voice mail, she has the impression that there *must* be a Native American representative on the Council. Ted reiterated to the Council that there are not a set number of positions specified for each of the groups represented. It was stated that that even if there is no Native American, Hispanic, Asian, African-American representation on the Council, it doesn't mean that the Council will not work on those health issues. There are *other*

Wisconsin Councils that do have assigned positions that need to be filled; but *this* Council's bylaws do not have assigned positions.

- Pat Guhleman finished counting the ballots. Ted named the top six nominees:

<i>new</i>	<b>Paulette Bangura</b>	three year term
<i>new</i>	<b>Evelyn Cruz</b>	three year term
<i>new</i>	<b>Koua Vang</b>	three year term
<i>new</i>	<b>Jocasta Zamarripa</b>	three year term
	<b>Carla Harris</b>	three year term
	<b>Duechou Thao</b>	is willing to serve a <u>two-year</u> term

Program staff will get a Letter of Appointment to the Secretary's Office for the new nominees. Notification of those who were on the ballot but not elected will be discussed in Executive Committee.

It was mentioned that Shiva Bidar-Sielaff would be joining via telephone shortly. Council members indicated a desire to have Shiva's continued engagement, although she would not on the Council following this meeting.

Voting ensued on the Chair and Vice Chair positions:

### **CHAIR**

1. Nancy Rodríguez nominated Emmanuel Ngui.  
Duechou Thao seconded.  
Accepted.
  2. Emmanuel nominated Ana Paula Soares Lynch.  
Nancy seconded; then rescinded.  
María Barker seconded.  
Accepted.
  3. Carla Harris nominated Brenda Coley.  
Ana Paula seconded  
Accepted.
- Ana Paula stated that she needs to decline the nomination. Chair nominees now include Emmanuel and Brenda.
  - Emmanuel feels that if he were elected Chair, there may be a conflict with his new position at UW-Milwaukee. He agreed to serve on the Executive Committee.

Brenda was the only person on the ballot for the position of Chair.

4. Nancy nominated María Barker.  
María declined.

Discussion ensued about other possible nominees.

Emmanuel made the motion to close nominations.  
Inshirah Farhoud seconded.

***Brenda was unanimously accepted as Chair.***

### **VICE CHAIR:**

1. Ted Kay nominated Ana Paula Soares Lynch.  
Nancy Rodríguez seconded.  
Ana Paula asked about the time commitment. Brenda stated that the time commitment is increasing.  
Ana Paula declined.
2. Nancy nominated Carla Harris.  
Emmanuel Ngui seconded.  
Carla declined.
  - Discussion ensued among the members. Fabienne Ouapou-Lena stated that the Executive Committee meetings could be scheduled on a regular basis.
  - Sarah Noble asked Emmanuel what his concern was repeating this process again if he were to accept. Ana Paula asked if a temporary position could be created.
  - Inshirah stated that Executive Committee meetings scheduled on Tuesday afternoons would be best for her. She prefers a set time for the meetings. Brenda stated that it was possible.
3. Emmanuel nominated Inshirah Farhoud.  
Nancy seconded  
Accepted.

Nancy made the motion to cease nominations. Ana Paula seconded.

***Inshirah was unanimously accepted as Vice Chair***

Brenda stated that the new Executive Committee would consist of Brenda, Ana Paula, Inshirah, Emmanuel, and Lisa Tiger. Brenda will reiterate to members the need for their commitment.

- The next step was to set a date and time for Executive Committee meetings that are consistent.

### **MINUTES:**

Carla Harris requested that the last line on page 6 (regarding the City of Milwaukee-Columbia St. Mary's) be removed since it did not accurately reflect what Carla stated

- Carla recommended that the first line of the "Region V Health Equity Council" portion should read: Mission of the Region V Health Equity Council.
- Fabienne Ouapou-Lena stated that the "Getting to Know You" minutes should be rewritten to reflect that Karen McKeown was coordinating a team of people who were writing a federal grant to reduce infant mortality.
- Fuechou Thao and Ana Paula Soares Lynch asked that their asked titles be changed on the minutes.

Fuechou Thao made the motion to approve the minutes with the changes.

Nancy Rodríguez seconded

Passed.

## COUNCIL WORK:

- Brenda Coley announced that she received a call from Rebecca Thompson who was proposing development of a Wisconsin Community Health Fund. They would like one representative to participate on their advisory committee. Pat Guhleman stated that she also received a call, and she suggested relevant questions, which might include: what the funds would be used for; what the governance structure would be; and what is relationship to other PH advocacy groups. The Council asked that Brenda obtain more information. Nancy Rodríguez agreed to follow up with Rebecca.
- Pat Guhleman gave an update on the [Wisconsin Public Health Council](#). It has currently selected a focus on Physical Activity, Obesity and Nutrition. Invitations will be extended to the MHLC to attend the October meeting when this issue is highlighted. The Council requested that disparities issues are on the table. The Nutrition Program has its action plan on the website.
- One member stated that there were 4 new [Federally Qualified Health Center](#) grants awarded.

## MHLC GOALS

*Ana Paula Soares Lynch & Brenda Coley*

Ana Paula and Brenda went over the three Strategic Plan goals. They indicated that the Council needs to make sure meetings and actions support the goals. They spoke about the large community meeting/summit in February 2010 at the Milwaukee Center for Independence. The Council needs to look at [Healthiest Wisconsin 2020](#) (*HW2020*) to see what measurable goals have been achieved. Another community meeting needs to be organized.

- One member stated that the Thursday anniversary meeting emphasized the importance of keeping lines of communication open; another member made the suggestion that a large community meeting take place every 2 years or so. We should not only call these meetings, but also take credit. It would be best to call these a “reconvening”. The Council should send a letter to community health leaders about the need to reconvene this meeting.
- Another member stated that community health centers get funding from the state, but they don’t need to identify *HW2020* goals. There may be an opportunity to make all community health centers tie into the *HW2020* goals. There should be a conversation around making all Health Department grantees follow *HW2020* goals. This would be a great way to track them. Another member stated that Children’s Hospital is documenting BMIs for Medicaid patients, and they get \$10 per child tracked from Medicaid. Private insurers do not require it – there is no incentive.
- One example of an effective way of addressing goals is the way the Primary Care Association conducts meetings. They always have measurements on their goals. The MHLC should be addressing their goals in the same way – the movement on goals.
- One member stated that before we have this summit, we need to figure out who the leaders are. We need to connect the summit and the letter, and we need to figure out the challenges and the barriers – what has gone well and what has not gone well. They should be prepped prior to the meeting.
- One member stated that *HW2020* has so many goals and objective and it is hard to go through. Pat Guhleman recommended the Council look at the [HW2020](#)

[Endorsement Form](#) that has all the goals and objectives listed out in an easy-to-read format.

- Brenda Coley asked if there was agreement to go forward with this letter and discuss the details another time. There was unanimous agreement.
- Brenda Coley – there may be an ad hoc committee for the Summit. Brenda, Pat and one other individual. Brenda would like to get a list of the people who were at the meeting.
- One member suggested that the Council contact the Federal Office of Minority Health, and tell them what we are doing, and they may have Conference Grants available. Some of these grants are not published.
- One member mentioned the Planned Parenthood – 5<sup>th</sup> annual Latino summit on October 27. Perhaps they can pull in the same people, and hold a joint summit. Is there a way to have MHLC representation to speak at the Summit? They also need DHS materials available in Spanish.
- One member asked if it was not the function of the MH Officer to go to these types of meetings? It may be a way to increase visibility.
- One member stated that there is rarely talk about the MHLC with Community Health Association board members.
- One member stated that she was not sure that Planned Parenthood looks at *HW2020* for their strategic plan, even though they were involved with the creation of *HW2020*.
- One member stated that the MHLC is being left out of conversations around the state – and how to talk with orgs about not leaving us out. In this letter, we should ask how things are getting done. Some groups have no motivation of doing things differently. There are groups that claim to be on the side of health disparities, but nobody is holding them accountable. They claim they are working on behalf of people of color, but really leaving people out.
- We need to now go to the Executive Committee for these issues – and then put it out to the Council.
- Council members were asked to please read thoroughly all the Council e-mails that are put out. We are working at a higher level. *Please read them thoroughly.*

## **REGION V HEALTH EQUITY COUNCIL**

Ana Paula Soares Lynch

Ana Paula Soares Lynch would like the council to move on with this. She wants to get an approval from us and asks Pat Guhleman if there needs to be a formalized approval.

- Ana Paula stated that she will be getting two college students to assist her on the environmental scan for the Region V Health Equity Council.
- Ana Paula showed the handouts with the overview of the partnerships.
- Wisconsin has five seats on the Region V HE Council; two are vacant.
- *Region V Health Equity Council work and updates will be a standing agenda item.* Ana Paula wants an approval from the MHLC – Paulette Bangura is also involved (new MHLC member). Ana Paula wants to perhaps have the other Wisconsin members call in on the phones at the appropriate times to give input during MHLC meetings.
- The Region V meetings are open meetings.
- One member asked if the Region V Regional Office be willing to accept the MHLC as appointing a member as an official “Council” seat. There is concern about LGBT representation. The recommendation is that Cathy Seasholes be recommended to the Region V HE Council by the MHLC. She should be at all the

MHLC meetings (not as a voting member) to give Region V HE Council updates. Out of the 30 Region V members, only one is LGBT. It was recommended that Ana Paula go back to the HE Council and ask if this can be done. There is a process that each person goes through.

- There is a concern with the MHP being left out of the conversation. Ana Paula stated that DHHS brought Fabienne into the fold. Very few - only 2 or 3 - of the Minority Health offices in all of Region V were involved. The general sense is that the Wisconsin MH Program was overwhelmed. It was stated that Ana Paula should talk more with the Wisconsin Minority Health Program.
- Ana Paula asked what else is needed to be done. One member asked who would be the MOU be with. Ana Paula stated that each state is different. Her concern is that the Council keeps doing the work with Region V even when she leaves. That is why she thinks it is important for the council to have this written down.
- One member proposed the MH Officer be a part of the Region V Council. However, if that does not work, the MH Officer can still go to the open meetings.
- Ana Paula stated that there will be a meeting in two weeks. She will recommend that the MH Officer be part of this Council. She stated that she got the impression from Fabienne that the MH Office was overwhelmed. Ana Paula understood that each state has a different MH office structure. She asked if it would make sense to have the MH Officer be part of the Region V Council. She felt that the process is disconnected.
- It was stated that whole process of the Region V Health Equity Council happened very suddenly and with short notice.
- Ana Paula will report back to the Council on the Region V discussion.

## **BEST PRACTICES: *Acceptance Journeys***

Brenda Coley will hold off on talking about the “Acceptance Journeys” project of Diverse & Resilient. Instead, she led a discussion in appreciation for the work Ted Kay has done for the Council. Ted expressed interest on being part of the Summit planning committee.

The announcement was made that the new members will be orientated an hour prior to the next meeting.

Meeting adjourned 3:00pm.